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2022 HAR 29 AM 9: 01 SECRETARY OF STATE

A. BUTLER APR 1 5 2022

## COVER LETTEK

	istration Sec ision of Corp				
	Lorven Hold	lings, LLC			
SUBJECT:		Name of out	Cit is a file y Compony	<u></u>	
The enclosed	d Articles of Z	Amendineni and facts) are sobn	ninge for Scape		
Please return	n all correspor	idence concerning this matter to	o the 1000 logs		
		Cheri Crum			
			Name of Person		
		Lowen Roldings, LLC			
			Firm/Company	<del>, , , , , , , , , , , , , , , , , , , </del>	
		1609 SW 17th St # 200			
			Address		
		Ocala, FL 34471			
			City/State and Zip Code		
		cheri.kalasa@gmail.com	o be used for future annual report no	villention)	
For further	information o	e-man address: (to oncerning this matter, please ea		Ancanoni	
Cheri Crun			352 304-6163 at () 		
	Name o	f Person :	, i - Arça Code Dayt	ime Telephone Number	
Enclosed is	a check for th	ne following amount:	, mi		
<b>■ \$2</b> 5.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>M</u> D	Iniling Addres	s <u>s:</u> Section	<u>Street Address:</u> Registration S		
		Corporations	Division of C	orporations	
	.O. Box 633		The Centre o		
Т	allahassee.	FL 52514	2410 IN, IVIOR	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

2022 HAR 29 AM 9:01

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/28/2009 and assigned Florida document number \_\_L09000122487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida \_\_\_\_ New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

company has been notified in writing of this change.

Lorven Holdings, LLC

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	K.K. Reddy	1609 SW 17th St # 200	□Add
		Ocala, FL 34471	■Remove
			☐ Change
AMBR	Kavitha Reddy	1609 SW 17th St # 200	
		Ocala, FL 34471	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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			Remove
			□Change

Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 More: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date of the date of the date of the filed.  Dated March 21  2022  Signature of a member or authorized registerative of a member	_	
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Signature of a member or authorized representative of a member	Dated	Conta Mich
· · · · · · · · · · · · · · · · · · ·		Signature of a member or authorized representative of a member
Kavitha Reddy		

Filing Fee: \$25.00